

COMMONWEALTH FUND STUDIES PERTAINING TO UNIVERSAL ACCESS FOR CHILDREN

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In her keynote address at the fourth annual Margaret E. Mahoney Symposium, reported elsewhere in this issue of the *Journal of Urban Health*, Marian Wright Edelman set forth a compelling case for making investment in the health of children not only the just thing to do, but economically an important national priority. Such investment is a shared dream for all who participated in the Symposium and was part of the reason for the establishment of the Commonwealth Fund (hereinafter, the Fund) by Anna Harkness 80 years ago.

Anna Harkness had a strong interest in maternal and child health, but she concluded that charitable giving was not sufficient to make a permanent difference in the health and social issues confronting families at the turn of the last century. She established the Fund as a social investment to enhance the common good. In accordance with her wishes, the Fund today invests the monies she and her son, Edward, left to the foundation to yield a social return in improved health and productivity of Americans, especially those with serious and neglected problems.

Anna and Edward Harkness believed in mobilizing talented people and forging partnerships with organizations sharing a common concern. The Fund has worked closely with the New York Academy of Medicine throughout its history, including collaboration on a landmark study of maternal mortality in New York City in 1933 that led to a marked decrease in the deaths of mothers in childbirth. I personally appreciate the partnership with the Academy in sponsoring the

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annual Margaret E. Mahoney Symposium and am especially grateful to Dr. Barondess for his leadership and wise counsel.

In her stewardship of the Fund from 1980 to 1995, Margaret E. Mahoney took the foundation back to its roots and made attention to health and human potential a major focus of the Fund's work. She established mentoring programs to help young people become productive adults and has committed her time and energy in this stage of her remarkable career to transforming pediatric care for the 21st century. She chairs the Healthy Steps National Advisory Committee, a program cofunded by over 50 partners, thanks to Margaret's tireless commitment. Margaret believes in practical solutions to change. Healthy Steps is a program aimed at testing a new approach to pediatric care and is now in operation in 24 sites across the country, serving over 3,000 families. One of the papers presented in this issue illustrates the role that the Healthy Steps program can play in bettering children's health.

It is particularly fitting, therefore, that the fourth annual Margaret E. Mahoney Symposium focused on changes needed in the financing and delivery of pediatric care to ensure that all children have an opportunity to realize their potential. Margaret shares Anna Harkness's belief that attention must be paid to the whole child—to physical, behavioral, social, and cognitive development. Both also share the belief that only a comprehensive approach to pediatric care will help children realize their human potential and help us realize our potential as a nation.

While serving as the first president of the Fund, Edward Harkness believed in wedding commitment to social progress to scientific objective inquiry. He recognized the need for research and evaluation to define the problem, understand its causes, and demonstrate what works. This emphasis on scientific inquiry is reflected in the Fund's 1923 annual report, which noted:

We have gone on thinking of new ways of improving the condition of human beings. We believe we are succeeding, but we have frequently been unable to prove it; and what is far worse, we sometimes thought it proved and have announced the fact to the world, only to learn later that we were mistaken. The importance, then, of determining as we progress as nearly as possible the exact value of what has been done can hardly be overestimated.¹

In 1923, it was recognized that objective scientific inquiry should be wedded to a commitment to improving the common good.

The Fund continues to follow that tradition. Recently, we established a research and evaluation unit, headed by Cathy Schoen; the unit reinstates the Fund's early practice of having in-house statistical expertise. Ms. Schoen participated in a panel discussion and shared results of work supported by the Fund on the status of access to health care for children. She has coauthored a paper based

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on her presentation for this issue of the Journal. Also participating on the panel was James R. Tallon, Jr., President of the United Hospital Fund of New York, an organization that is committed to shaping New York's health care information, philanthropy, and policy. The United Hospital Fund shares many things with the Commonwealth Fund: a shared commitment to improving health care for children and a shared belief in the use of philanthropic funds to make a permanent difference for the better in the lives of those with serious and neglected problems. Mr. Tallon serves on the boards of the Fund and the New York Academy of Medicine; he also chairs the Kaiser Commission on Medicaid and the Uninsured and is a member of the Joint Commission on the Accreditation of Healthcare Organizations. Prior to joining the United Hospital Fund in 1993, Mr. Tallon was majority leader of the New York State Assembly, in which he served for 19 years. Among his many achievements in that role, Mr. Tallon led efforts to reform the Medicaid program while expanding eligibility for pregnant women and children. He spoke to participants at the Margaret E. Mahoney Symposium about New York State's perspective on children's health care; a paper, coauthored by David Sandman of the Fund and based on Mr. Tallon's address, is included in this issue.

This issue also offers other papers from several other Commonwealth Fund investigators. The papers offered here were not presented at the Margaret E. Mahoney Symposium, but are germane to it. All present data that can help to identify access problems with some precision, data that can help point the way to possible solutions. They are offered here as part of the Fund's contribution to identifying the problems that impede better pediatric care in the 21st century.

REFERENCE

1. The Commonwealth Fund. Annual Report 1923. New York: Commonwealth Fund; 1924.